

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Monica Simon

DATE: July 9, 2004

RE: Age, Sex, and Diagnosis of Co-occurring (MH/SA) Disorders

This week's PIP focuses on variation among gender, age, and diagnostic categories with regard to the prevalence of identified co-occurring mental health and substance abuse disorders among adults served by Community Rehabilitation and Treatment (CRT) and Adult Outpatient Programs (AOP) in Vermont during CY2003. As in previous reports on co-occurring disorders¹, this analysis relies exclusively on information from local CMHC MIS databases that is reported to DMH in Monthly Service Report data submissions. The indicators of substance abuse disorders used in this analysis include an intake problem assessment that indicated an alcohol or drug abuse problem, a diagnosis of substance abuse (303.9-305.9), and having received service from a substance abuse program in the reporting CMHC.

As you will see, men are substantially more likely than women to be identified as having co-occurring disorders in both CRT and AOP programs. Also in both programs, substance abuse is identified at similar rates for the 18-34 and 35-49 age groups, but the identification rate drops substantially in the 50-64 and then the 65+ age groups.

Because of the clinical differences between the CRT and AOP caseloads, different diagnostic categories were selected for analysis in each program. In both programs, diagnostic categories that included at least 30% of all clients were selected for analysis and these were compared to all clients who did not fall into these categories. In CRT programs the selected diagnostic categories included Schizophrenia and other Psychoses² and Affective Disorders³. In AOP programs the selected diagnostic categories included Affective Disorders³ and Adjustment Disorders⁴.

As you will see, in CRT programs substance abuse disorders were identified for 32% of individuals with a diagnosis of Schizophrenia and 32% of individuals with a diagnosis of Affective Disorder. Individuals who did not have either a diagnosis of Schizophrenia or Affective Disorder were somewhat more likely to be identified as having a co-occurring substance abuse disorder (36%).

In AOP programs, substance abuse disorders were identified for 23% of individuals with a diagnosis of Affective Disorder and 19% of individuals with an Adjustment Disorder. Individuals who did not have either an Affective diagnosis or an Adjustment Disorder were substantially more likely to be identified as having a co-occurring substance abuse disorder (33%).

If any of our readers are familiar with the literature regarding co-occurring mental health and substance abuse disorders, we would be very interested in learning more about the prevalence of co-occurring disorders that might be expected in the clinical and demographic categories used in this analysis. This information would provide the basis for a future PIP that compares the expected to the observed prevalence of co-occurring disorders in these clinical and demographic categories.

We will appreciate your contributions regarding the prevalence of co-occurring disorders as well as your suggestions for further analysis of these data (or other relevant data) to pip@vdh.state.vt.us.

¹ Previous reports on co-occurring disorders:

Co-occurring (MH/SA) disorders Among CRT Clients:

<http://www.ddmhs.state.vt.us/docs/pips/2004/pip061804.pdf>

Co-occurring (MH/SA) Disorders Among AOP Clients:

<http://www.ddmhs.state.vt.us/docs/pips/2004/pip062504.pdf>

Children's Co-occurring (MH/SA) Disorders:

<http://www.ddmhs.state.vt.us/docs/pips/2004/pip070204.pdf>

Diagnostic Categories

²Schizophrenic and Other Psychotic Disorders include:

Schizophrenic Disorders (295, 1x, 295.2x, 295.3x, 295.9x, 295.6x);

Paranoid Disorders (297.10, 297.30, 297.90, 298.30);

Autism (299.0x, 299.8x, 299.9x);

Psychotic Disorders not Classified Elsewhere (295.40, 295.70, 298.80, 298.90).

³Affective Disorders:

Major Affective Disorders (296.2x, 296.3x, 296.4x, 296.5x, 296.6x);

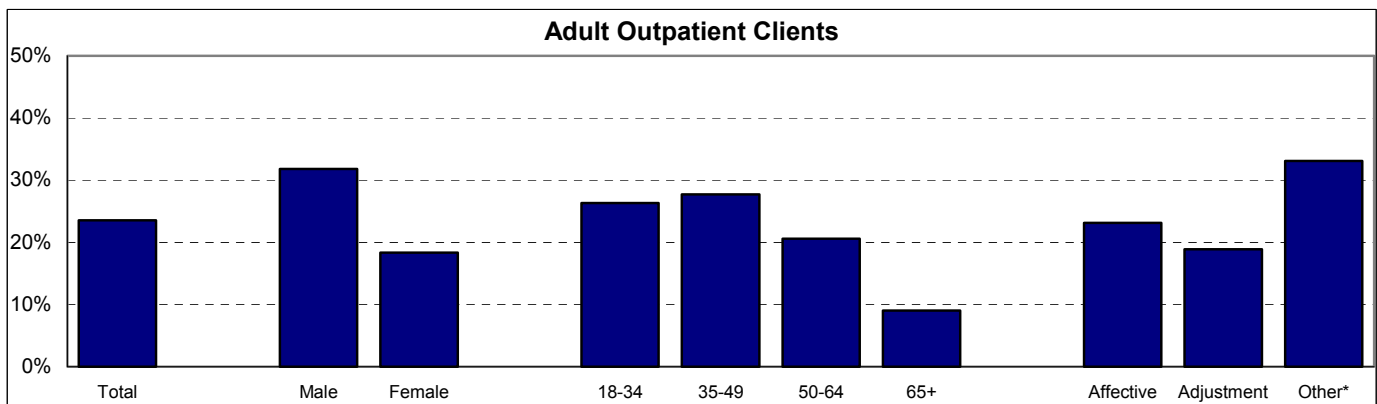
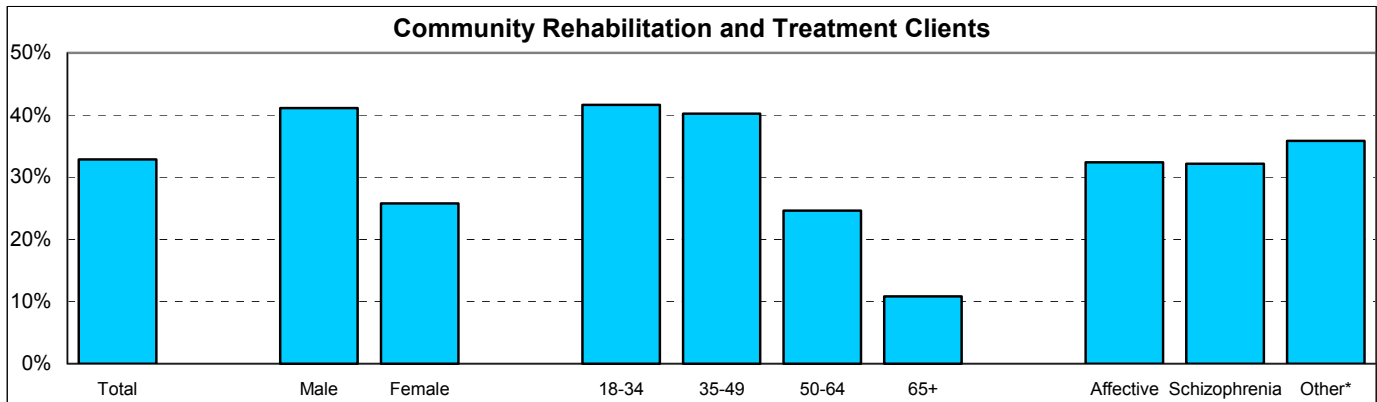
Other Specific Affective Disorders (300.40, 301.13, 311.00)

Atypical Affective Disorders (296.70, 296.82).

⁴Adjustment Disorders:

Adjustment Disorders (309.00, 309.23, 309.24, 309.28, 309.30, 309.40, 309.82, 309.83, 309.90).

Community Rehabilitation and Treatment and Adult Outpatient Clients with Co-Occurring Substance Abuse Disorders Vermont CY 2003



	Total	Male	Female	18-34	35-49	50-64	65+	Affective	Schizophrenia	Other*
CRT										
Number Served w/ SA Indication	3,336	1,537	1,799	680	1,337	959	360	1,462	1,558	421
Number	1,096	632	464	283	538	236	39	474	501	151
Percent	33%	41%	26%	42%	40%	25%	11%	32%	32%	36%
	Total	Male	Female	18-34	35-49	50-64	65+	Affective	Adjustment	Other*
AOP										
Number Served w/ SA Indication	8,369	3,230	5,139	2,983	2,890	1,385	1,111	3,795	3,356	1,750
Number	1,971	1,027	944	785	801	285	100	877	634	579
Percent	24%	32%	18%	26%	28%	21%	9%	23%	19%	33%

Data used in this analysis were extracted from Monthly Service Report (MSR) files submitted to DDMHS by designated community mental health service providers. CRT (Community Rehabilitation and Treatment) and AOP (Adult Outpatient) client counts include all individuals who were assigned during calendar year 2003 to a Community Rehabilitation and Treatment or Adult Mental Health Outpatient Program.

Any substance abuse indication is defined to include all clients with an indication of an alcohol and/or drug abuse problem, a substance abuse diagnosis, and/or receiving substance abuse services. A substance abuse problem includes all clients with an alcohol and/or drug abuse problem according to the problem checklist done at time of intake. A substance abuse diagnosis includes all clients with a diagnosis greater than or equal to 303.90 and less than 306.00. Substance abuse services include all clients who received at least one service from a substance abuse program.

*Other includes diagnoses other than affective disorder and/or schizophrenia for CRT clients, and includes diagnoses other than affective disorder and/or adjustment disorder for AOP clients.